

GRANT CHANGE REQUEST FORM
TENNESSEE DEPARTMENT OF STATE
Tennessee State Library and Archives
FY 2007-08 LIBRARY SERVICES AND TECHNOLOGY ACT
Library Services for the Disadvantaged Direct Service Grant

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address _____

Project Director: _____ Telephone: _____

Nature of the Grant Change: _____ Programmatic _____ Budget

If any of your line items change more than \$100.00, please explain and give reason for change:

Approved Budget Category

(From the Budget Statement)

Requested Budget Category

Amount		Amount	
Personnel	\$ _____	Personnel	\$ _____
Travel	\$ _____	Travel	\$ _____
Equipment	\$ _____	Equipment	\$ _____
Supplies	\$ _____	Supplies	\$ _____
Print Materials	\$ _____	Print Materials	\$ _____
Nonprint Materials	\$ _____	Nonprint Materials	\$ _____
Contractual	\$ _____	Contractual	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL\$ _____		TOTAL\$ _____	

Authorized by: _____ Date: _____
Library Board Chairperson

For State Library and Archives Use ONLY: ____ Approved ____ Not Approved

Comments:

Signature: TSLA Planning and Development Staff Date: _____